FORM D

APR 14 2008

UNITED STATES SECURÎTIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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PROCESSED

APR 2 2 2008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Serial						
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Units of Limited Partnership Interests of Lehman Brothers Advisor Series - International Value Equity II L.P.								
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Amendment	☐ Rule 505	Rule 5	06 🔲 S	Section 4(6)	ULOE		
· · · · · · · · · · · · · · · · · · ·	A. BAS	IC IDENTIFICA	TION DATA			_		
1. Enter the information requested about t	he issuer							
Name of Issuer (check if this is an amen Lehman Brothers Advisor Series - In		_	•					
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Lehman Brothers Inc. 399 Park Avenue, New York, NY 10022 Telephone Number (Including Area Code) (212) 526-7000								
Address of Principal Business Operations (if different from Executive Offices)	(Number a	and Street, City, Sta	te, Zip Code)	Telephone Nu	ımber (Including	g Area Code)		
Brief Description of Business								
Private Investment Fund investing in affi L.P.	liated Master Fund	i, Lehman Brothe	rs Advisor Se	eries – Interna	tional Value Ec	uity Master Fund II		
	tnership, already for tnership, to be form		er (please spe	cify):	(1 11)	Till Sain Dirir anns Dirir		
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	n: (Enter two-le	Month Year 12 07 tter U.S. Postal Ser da; FN for other for	vice abbreviat		DE 0	8046684		

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02)

required to respond unless the form displays a currently valid OMB control number.

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, if indivi	dual)							
Lehman Brothers Advisor Ser	ies LLC (the "General Part	ner'')						
Business or Residence Address (Nur	mber and Street, City, State, Zip	Code)						
399 Park Avenue, New York, NY	10022							
Check Box(es) that Apply: Pro	omoter	Executive Officer	Director	■ * General and/or Managing Partner				
Full Name (Last name first, if indivi	dual)	7.2						
Lehman Brothers Inc.								
Business or Residence Address (Nur	mber and Street, City, State, Zip	Code)						
399 Park Avenue, New York,	NY 10022							
Check Box(es) that Apply: Pro * Authorized Signatory of the Ger	omoter Beneficial Owner neral Partner and Senior Vice-	Executive Officer President of Lehman Bro	Director	General and/or				
Full Name (Last name first, if indivi	dual)		 					
David Romhilt								
Business or Residence Address (Nur	mber and Street, City, State, Zip	Code)		·····				
399 Park Avenue, 5th Floor, N	ew York, NY 10022							
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if indivi	dual)		-					
Business or Residence Address (Nur	mber and Street, City, State, Zip	Code)						
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	dual)							
Business or Residence Address (Nur	mber and Street, City, State, Zip	Code)		.				
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individ	dual) .							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Business or Residence Address (Nun	nber and Street, City, State, Zip (Code)						
· · · · · · · · · · · · · · · · · · ·	(Use blank sheet, or copy and us	se additional copies of this	sheet, as necess	ary)				

						B. INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the issu	er sold, or	does the is	ssuer inten	d to sell, to	o non-accr	edited inve	estors in th	is offering	?				Yes	No
Answer also in Appendix, Column 2, if filing under ULOE.															
What is the minimum investment that will be accepted from any individual?										\$ <u>500,000</u>	<u>)*</u>				
*The General Partner may, in its discretion, increase or reduce the minimum investment accepted from any individual. Additional investments may be made in increments of \$100,000 or such other amounts as the General Partner may permit.															
Does the offering permit joint ownership of a single unit?													No		
	remuneratio person or ag than five (5, dealer only.	n for solic gent of a b persons t	itation of roker or d to be listed	purchasers ealer regis I are assoc	in connectered with	ction with the SEC a	sales of se and/or with	curities in a state of	the offerions that the offerior that the offerio	ng. If a po	erson to be of the bro	e listed is a oker or dea	on or similar in associated aler. If more that broker or	⊠	
Full	Name (Last)	name first,	if individ	ual)											
	ness or Resid Park Avenu				rect, City,	State, Zip	Code)								-
	e of Associa		or Dealer		,										
	s in Which I		ed Has So	licited or I	ntends to	Solicit Pur	chasers								
	(Check	"All State	s" or chec	k individu	al States).	••••••	••••••	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••				🛭 Al	l States
	{AL}	{AK}	{AZ}	[AR]	[CA]	[CO]	{CT}	{DE}	[DC]	{FL}	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] (NE)	[IA] [NV]	[KS] [NH]	(KY) [NJ]	[LA] [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[R1]	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (Last i	name first,	if individ	ual)											
Busi	ness or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							-	
Nam	e of Associa	ted Broker	or Dealer												
State	s in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Pur	chasers								
	(Check "All	States" or	check ind	ividual Sta	ites)		••••••					•••••	*************************	🔲 All	States
	(AL) [IL) (MT) [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last r	ame first.	if individu	ıal)	<u></u>				··· <u>-</u> .						
Busin	ness or Resid	ence Addr	ess (Num	ber and Sti	eet, City,	State, Zip	Code)				<u> </u>			<u></u>	<u> </u>
Nam	e of Associat	ed Broker	or Dealer		- 7							· · · · · · · · · · · · · · · · · · ·			
State	s in Which P	erson List	ed Has Sol	licited or I	ntends to S	Solicit Puro	chasers			 -	_				
	(Check "All	States" or	check indi	vidual Sta	tes)						.,,,,,,,			🔲 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) (WY)	(ID) [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity			\$
	☐ Common ☐ Preferred	Ψ		Ψ
	Convertible Securities (including warrants)	¢		\$
	Partnership Interests		—	\$ <u>10,200,000</u>
	Other (Specify)		—	\$
	Total	\$ <u>2,000,000,000</u>	—	\$ <u>10,200,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	9		\$10,200,000
				"
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of		Dollar Amount
	Rule 505	Security		Sold
	•			\$
	Regulation A		_	\$
	Rule 504			\$
	Total		—	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	***************************************		\$
	Printing and Engraving Costs	***************************************		\$
	Legal Fees		\boxtimes	\$75,000
	Accounting Fees	·····		\$
	Engineering Fees	•••••		\$
	Sales Commissions (specify finder's fees separately)			\$
	Other Expenses (identify)	•••••••••••		\$
	Total			225 000

	Romhilt	Authorized Signatory General Partner TENTION	of Lehman Brothers Adv	
Lehm Equit	an Brothers Advisor Series-International Value y II L.P.	Signature Title of Signer (Print of	Date 4/8/08	
follov	ssuer has duly caused this notice to be signed by the understring signature constitutes an undertaking by the issuer to st of its staff, the information furnished by the issuer to any	furnish to the U.S. Sec	curities and Exchange Co pursuant to paragraph (b)	mmission, upon written
	D. FEDER	AL SIGNATURE		
	Total Payments Listed (column totals added)		⊠ \$ <u>1,999,</u> 9	925,000
	Column Totals		⋈ \$ <u>1,999,925,000</u>	_ 🗆 \$
	Other (specify): Investment Capital		⋈ \$ <u>1,999,925,000</u>	\$
	Working capital		\$	_ \$
	Repayment of indebtedness		\$	_ 🗆 \$
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange for securities of another issuer pursuant to a merger)	<u> </u>	_ 🗆 \$	
	Construction or leasing of plant buildings and facilities		\$	_ 🗆 \$
	Purchase, rental or leasing and installation of machinery	and equipment	\$	_ 🗀 \$
	Purchase of real estate		□ \$	
	Salaries and fees		Payments to Officers, Directors, & Affiliates □ \$	Payments to Others
	proposed to be used for each of the purposes shown, purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must equ proceeds to the issuer set forth in response to Part C – Qu	e box to the left of the		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END